

Expected Practices

Specialty: Head and Neck Surgery (ENT)

Subject: Treatment of Tinnitus

Date: April 14, 2014

Purpose: Evaluation of Tinnitus

Target Audience: Primary Care Providers

Expected Practice:

Background -

Tinnitus is present when the patient complains of the perception of noise in the absence of acoustic stimulus. Tinnitus can be objective (e.g. pulsatile tinnitus, concurrent with the heartbeat) or subjective. Subjective tinnitus is far more common.

Evaluation -

The clinician should focus their tinnitus related physical exam on other cranial nerve deficits and should also perform an otoscopic evaluation. The clinician should order an audiogram in a patient that complains of tinnitus, as the vast majority of patients with tinnitus have hearing loss as the causative factor. If any abnormalities in these areas are noted, place an eConsult for evaluation by the ENT service.

For the typical patient with subjective/non-pulsatile tinnitus, if the audiogram shows a symmetric hearing loss and no other abnormalities exist, no further work up is required and the patient does not require in-person evaluation with ENT unless the tinnitus is causing significant distress. This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patientcentered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

If the audiogram shows asymmetric hearing loss, or if the tinnitus is unilateral, the clinician should order a MRI scan of the brain and internal auditory canals to rule out any pathologic lesions. The clinician can initiate an eConsult simultaneous to ordering the MRI. Patients with pulsatile tinnitus should have a MR angiogram ordered of the brain and circle of Willis and initiate an eConsult with the ENT service.